

NOTICE OF INTENT AGREEMENT	EMPLOYEE NAME	HOME PHONE	WORK PHONE
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HOME ADDRESS *(Include ZIP Code)*

SOCIAL SECURITY NUMBER	SUPERVISOR'S NAME/NUMBER	OWCP INVOLVEMENT <input type="checkbox"/> Yes Give Dates _____
HEALTH PLAN CODE	BI-WEEKLY HEALTH BENEFIT COST	HRS. WORKED EACH PAY PERIOD <i>(Tour of Duty)</i>
TIMEKEEPER NUMBER	COMMON ACCOUNTING NUMBER	EFFECTIVE DATE LWOP or other nonpay status begins
SERVICING PERSONNEL OFFICE CONTACT		TELEPHONE NUMBER

- ☐ **I WANT TO PREPAY MY FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PREMIUMS BEFORE I ENTER INTO A NONPAY STATUS.** If my period of nonpay status will span 2 tax years, the amount that may be prepaid on a pre-tax basis can not exceed the amount of FEHB premiums due for the remainder of the current tax year. See payment options below.
- ☐ **I WANT TO CONTINUE MY FEHB COVERAGE AND AGREE TO PAY THE PREMIUM.** I understand that I must pay my share of the premium for my FEHB coverage which continues during nonpay status (or during pay periods when my salary is insufficient to cover the required premium) and that, if I do not make settlement before returning to work, the amount due will be recovered from my salary or any other monies owed me by the Federal Government. In the event of resignation, retirement or death, the debt will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System or Federal Employees Retirement System, or any other source normally available for the recovery of a debt due the United States. See payment options below.
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PAYMENT OPTIONS

- ☐ *I want to pay my FEHB premiums on a bi-weekly basis while in nonpay status or before onset of nonpay.
- ☐ *I want to pay my FEHB premiums on a monthly basis while in nonpay status or before onset of nonpay.
- ☐ *I will pay the FEHB premiums in cash lump sum payment within the first two pay periods upon return to duty.
- ☐ I agree to pay the FEHB premium by payroll deductions equal to, one bi-weekly premium and one adjusted premium upon return to duty or before onset of nonpay status.

*Make check or money order payable to the Department of the Interior. Please write your Social Security Number on the face of the check and indicate that the money is to be applied to your FEHB premium. DO NOT SEND CASH. Send your FEHB premiums to: Department of the Interior, Bureau of Reclamation, ATTN: MS D-2613, P.O. Box 272030, Denver, Colorado 80227-9030.

After completing this notice, make a copy for your records and return the original to your supervisor or your Servicing Personnel Office. If the notice was mailed to you, use the enclosed envelope. **FAILURE TO RESPOND WITHIN 31 DAYS (45 DAYS FOR EMPLOYEES RESIDING OVERSEAS) OF THIS NOTICE, WILL RESULT IN YOUR FEHB COVERAGE BEING AUTOMATICALLY TERMINATED.**

Under the Provision of P.L. 93-579 (Privacy Act) you are advised that Title 5, U.S.C. 3101 and 3301 authorized the Social Security Administration to collect the personal information requested on this form. Your response is mandatory.

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IMPORTANT NOTICE OF HEALTH BENEFITS REGULATION¹

Under Office of Personnel Management regulations, employees in a nonpay status are given Federal Employee Health Benefits (FEHB) coverage for up to 1 year but must pay the employee's share of the health insurance premiums. I understand that after 365 days of continuous nonpay status, my health benefits will automatically terminate.²

There is no change in the amount withheld from salary. However, if you are in a nonpay status for an entire pay period, or if your salary for a pay period does not cover the full employee share, you will be responsible for the employee share of the premium. When you enter nonpay status, or your pay is insufficient to cover the premium, you must:

- terminate the enrollment; or
- continue the enrollment and agree to pay the premium or incur a debt.

TERMINATING THE ENROLLMENT

If you elect to terminate your enrollment (or the enrollment automatically terminates), the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to you for an additional 31 days. During the 31 days, you and your covered family members may convert to a nongroup contract. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay becomes sufficient to cover your premium, you must enroll within 60 days if you want FEHB coverage. You may enroll in any FEHB plan without having to wait for an Open Season or another enrollment event.

CONTINUING THE ENROLLMENT AND AGREEING TO PAY THE PREMIUM

If you elect to continue your coverage, you must elect to pay the premiums directly or incur a debt in the amount of the unpaid premiums. If you elect to pay directly, follow the instructions on the front of this notice.

If you elect to incur a debt, or if you elect to pay directly but fail to pay the entire amount due, you will receive a notice stating the total amount due. The notice will be sent when you return to pay status, your pay becomes sufficient, or you separate from employment. By electing to continue coverage, you agree that the amount due will be withheld from salary by deducting the regular premium and an adjusted premium per pay period until the debt is paid. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System or Federal Employees Retirement System, or any other source normally available for the recovery of a debt due the United States.

The SSA Administrative Instructions Manual System (AIMS) Chapter 06, Instruction 04, outlines the procedures for requesting a waiver for overpayments. Also, employees experiencing extreme financial hardships may request an adjustment in the repayment schedule. Such requests must be in writing and should be addressed to:

Social Security Administration
Servicing Personnel Office
Request for Waiver or Adjustment in Repayment Schedule
Address of SPO

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1. The Telephone number to call for health benefits information in your Servicing Personnel Office is:
 2. If your LWOP is granted to permit you to serve on military duty, in an employee organization or international organization, pending OWCP cases or to accept an intergovernmental personnel assignment, this provision may be modified. Contact your Servicing Personnel Office for an explanation of your rights and obligations under these circumstances.